FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90044 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093397

1. Entity Name

GULF HARBOUR MANAGEMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24301 WALDEN CENTER DR.
Suite, Apt. #, etc.
300
City & State
BONITA SPRINGS, FL
Zip 34134 Country USA

3. Mailing Address
24301 WALDEN CENTER DR.
Suite, Apt. #, etc.
300
City & State
BONITA SPRINGS, FL
Zip 34134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326581
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CULLEN, JAMES D.
Street Address (P.O. Box Number is Not Acceptable)
24301 WALDEN CENTER DR.
City BONITA SPRINGS FL Zip Code 34134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE James D. Cullen
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 04/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLINN, MILTON
STREET ADDRESS	24301 WALDEN CENTER DR.
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134
TITLE	VPD
NAME	TIEFENBACH, RENEE
STREET ADDRESS	24301 WALDEN CENTER DR.
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134
TITLE	STD
NAME	BEYER, R. C., JR.
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33973
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON FLINN 4/24/02 941-949-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #